

Springfield Health District

2012 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

VDH – Public Health Statistics
May 2014

 VERMONT
DEPARTMENT OF HEALTH

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What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2012 statewide results from the Vermont BRFSS can also be found on the VDH website:

http://healthvermont.gov/research/brfss/documents/summary_brfss_2012.pdf

Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH's Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

Demographics of Springfield Health District*

The next few pages describe the demographic makeup of Springfield area adults in 2011-2012.

Slightly more than half of Springfield adults are female. Just less than two-thirds of adult Springfield residents are 25-64, with about a quarter ages 65 and older.

- Springfield residents are significantly more likely than Vermont adults to be 65 and older (27% vs. 20%).

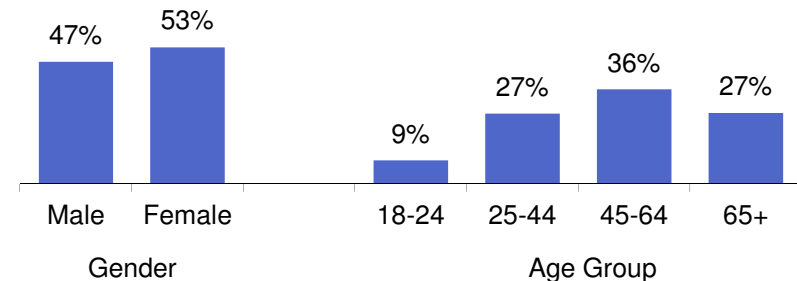
Nearly half of Springfield area adults has a high school degree or less.

- Springfield adults are significantly more likely than Vermont adults to have a high school degree or less (49% vs. 41%) and less likely to have a college education or more (25% vs. 31%).

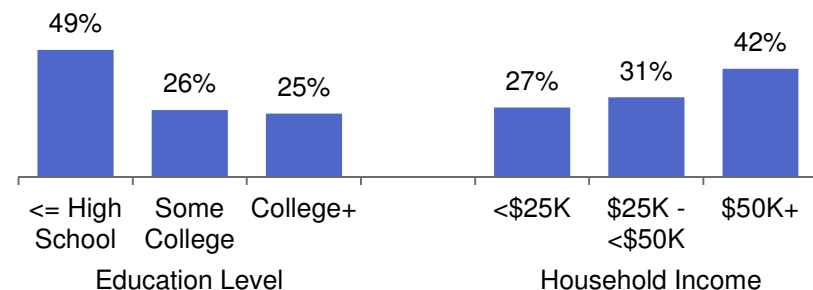
About four in ten Springfield adults lives in a home making \$50,000 or more annually. Springfield adults and Vermont adults overall have a statistically similar income distribution.

Five percent of adults in the Springfield area and Vermont overall report being a racial or ethnic minority.

**Springfield Residents
by Gender and Age**



**Springfield Residents
by Socio-Economic Status**



*See page 27 for a list of the towns included in the Springfield Health District.

Demographics of Springfield Health District

About six in ten Springfield adult residents are currently employed, more than one in five is retired. Less than ten percent each said they are a student or homemaker, unable to work or unemployed.

- Springfield adults are significantly more likely than Vermonters overall to be retired (22% vs. 17%).

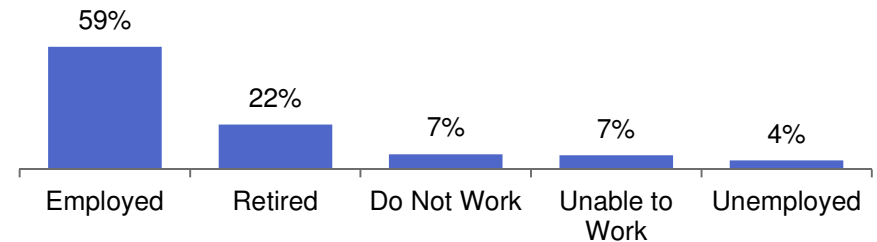
Fifty-nine percent of Springfield adults are married. About one in six have never married, while nine percent are divorced or widowed. Five percent are part of an unmarried couple.

- Springfield adults are significantly less likely to be divorced (9% vs. 12%) and more likely to be widowed (9% vs. 6%) than Vermont adults overall.

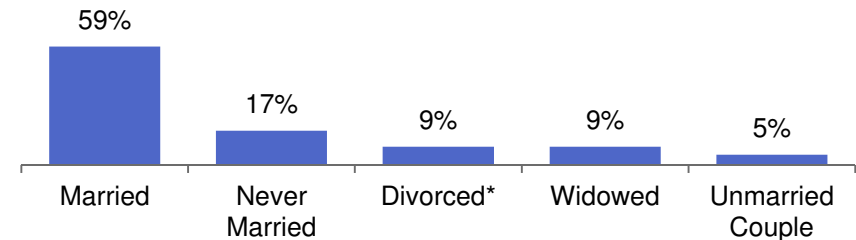
About seven in ten adults in the Springfield area said there are no children less than 18 in their home. Two percent reported having three or more children.

- Springfield adults are significantly less likely to report having three or more children in their home, compared with Vermont adults overall (2% vs. 5%).

**Springfield Residents
by Employment Status**

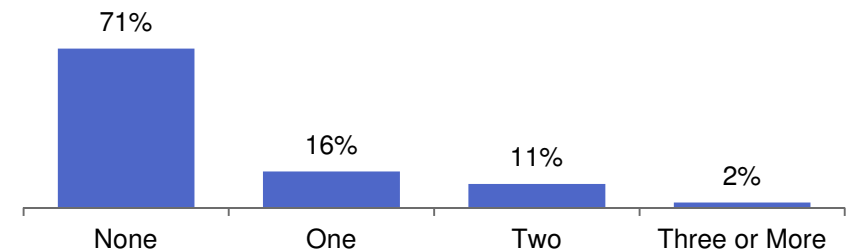


**Springfield Residents
by Marital Status**



*Includes those who reported their marital status as divorced or separated.

**Springfield Residents
by Children in Household**

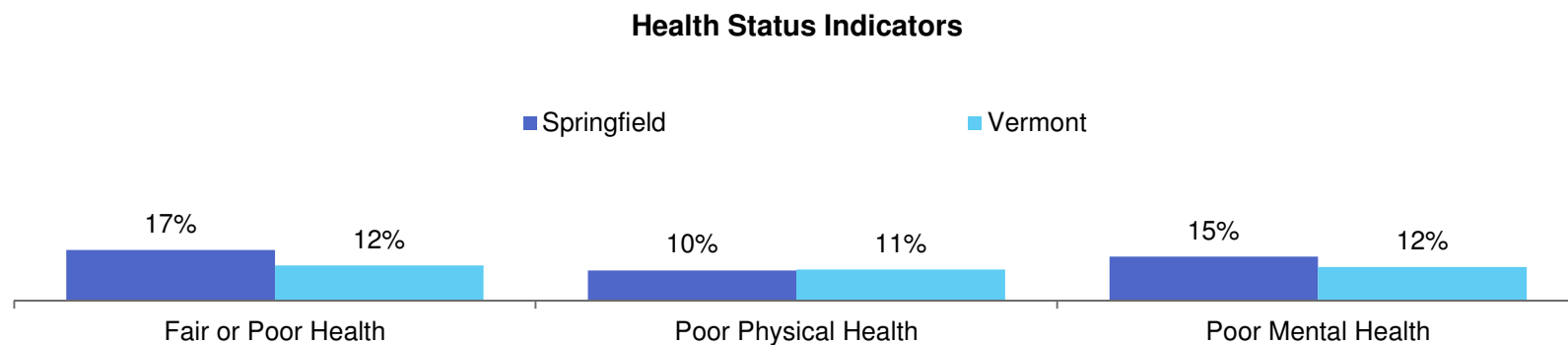


Health Status Indicators

In 2011-2012, one in six Springfield area adults reported fair or poor general health. One in ten reported having poor physical health, while fifteen percent said they had poor mental health.

- Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

Springfield area adults are significantly more likely than Vermont adults to report fair or poor general health (17% vs. 12%).



Health Status Indicators

Rates of fair or poor health, poor physical health and poor mental health among Springfield area adults do not differ significantly by gender.

Among Springfield adults, reported poor mental health decreases with age.

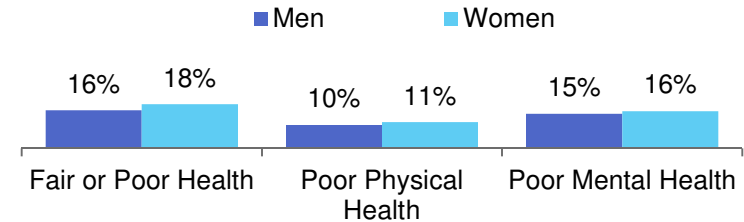
- Adults 65 and older are significantly less likely to report poor mental health as compared with those 18-44 (8% vs. 23%).

There are no statistical differences in fair or poor general health and poor physical health by age.

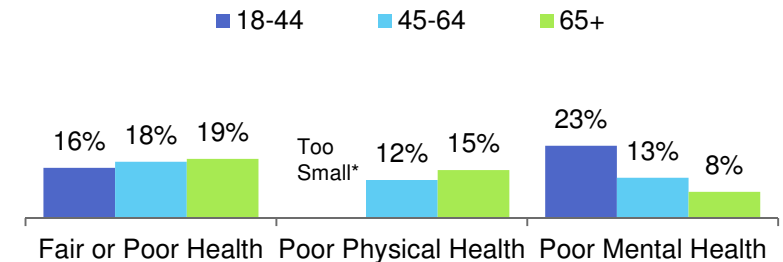
Poor health, regardless of the measure, among Springfield area adults decreases with increasing annual household income.

- All differences for fair or poor general health are statistically significant.
- Adults in homes making less than \$25,000 per year are significantly more likely than those in homes making \$50,000 or more to report poor physical health (16% vs. 6%) and poor mental health (27% vs. 5%).

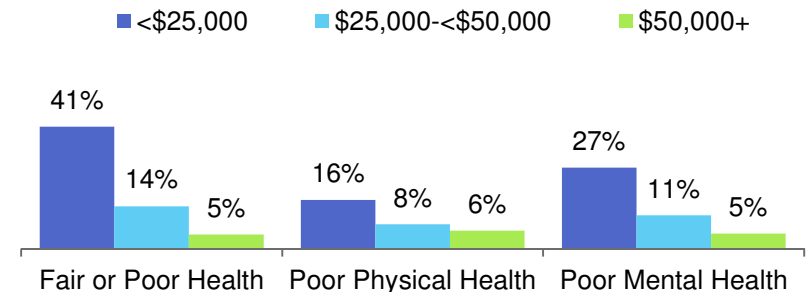
**Health Status Indicators by Gender
Springfield Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level

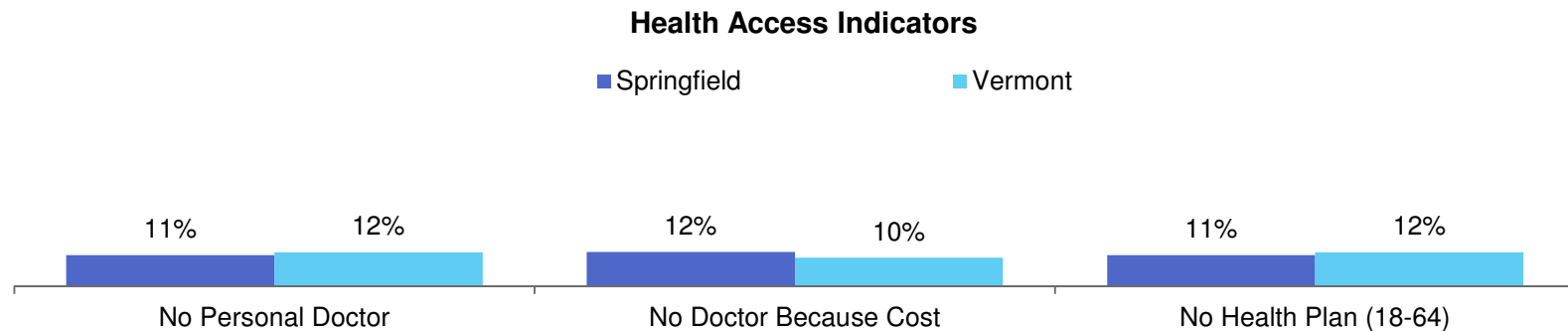


*Sample size is too small to report

Health Access Indicators

In 2011-2012, one in nine adults in the Springfield area said they do not have a personal doctor for health care. A similar proportion, 12% said they needed care in the last year but did not seek it due to the cost. Among Springfield area adults ages 18-64, 11% percent said they do not have health insurance.

There are no statistical differences between Springfield area and Vermont adults for any of the health access measures.



Health Access Indicators

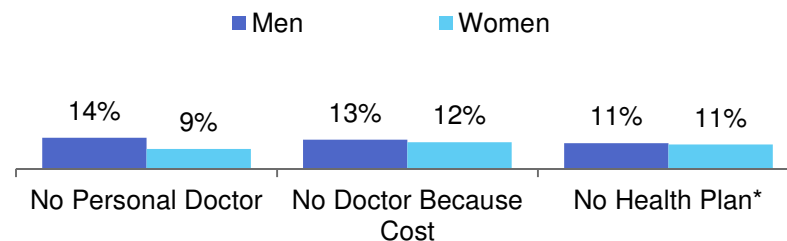
There are no statistically significant differences by gender for any health access indicator, among Springfield area adults.

Poor health care access decreases with increasing age.

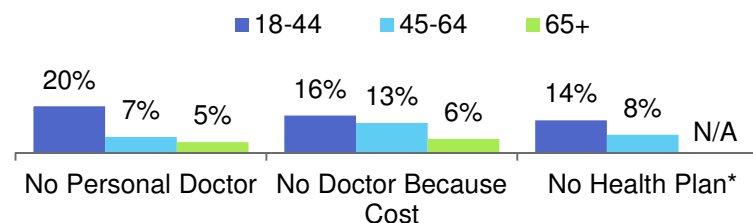
- Springfield adults 18-44 are significantly more likely than those 45 and older to not have a personal doctor.
- Those 18-64 are also significantly more likely than those 65 and older to report delaying care due to cost.
- There are no statistically significant differences in not having a health plan by age.

There are no statistically significant differences, among Springfield area adults, by annual household income level for any health access indicator.

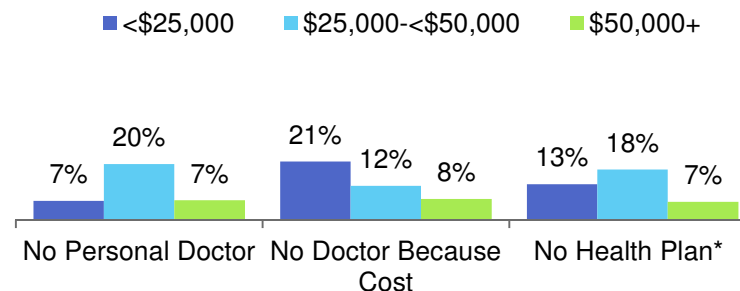
**Health Access Indicators by Gender
Springfield Adults**



Health Access Indicators by Age



Health Access Indicators by Income Level



*Limited to adults 18-64.

Disability

Three in ten Springfield area adults reported having a disability, significantly higher than the 21% among Vermont adults overall.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

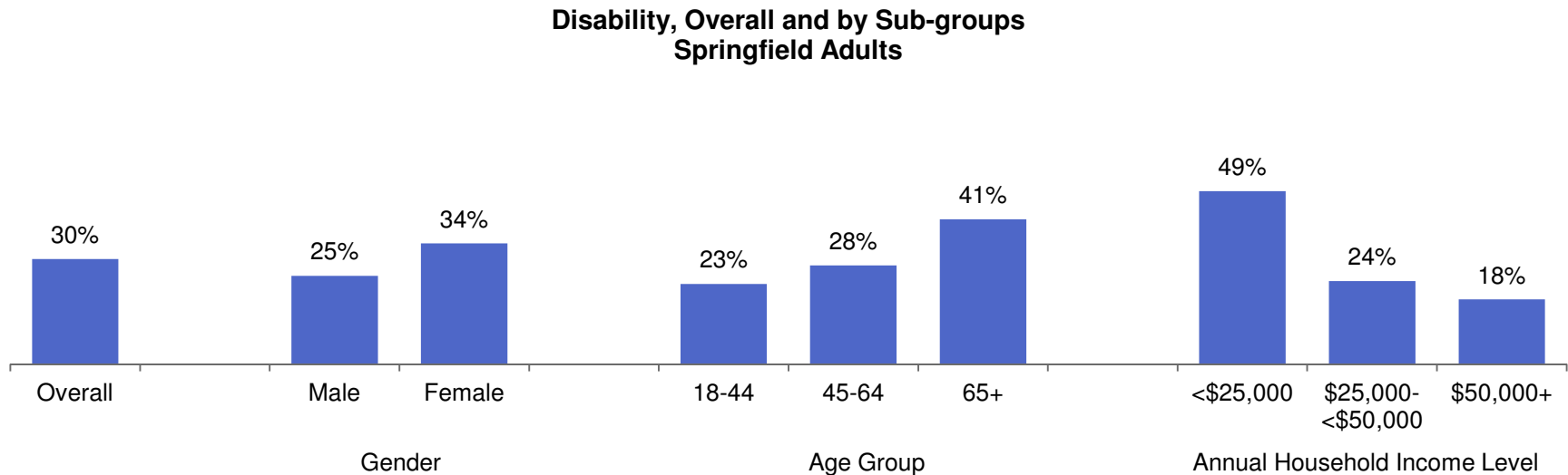
Men and women in the Springfield area report being disabled at statistically similar rates.

Reported disability among Springfield adults increases with increasing age.

- Adults 65 and older are significantly more likely to be disabled than those 18-44 (41% vs. 23%).

Springfield area adults with lower annual household incomes are more likely to be disabled.

- Adults living in homes making less than \$25,000 annually are significantly more likely than those with more income to be disabled.



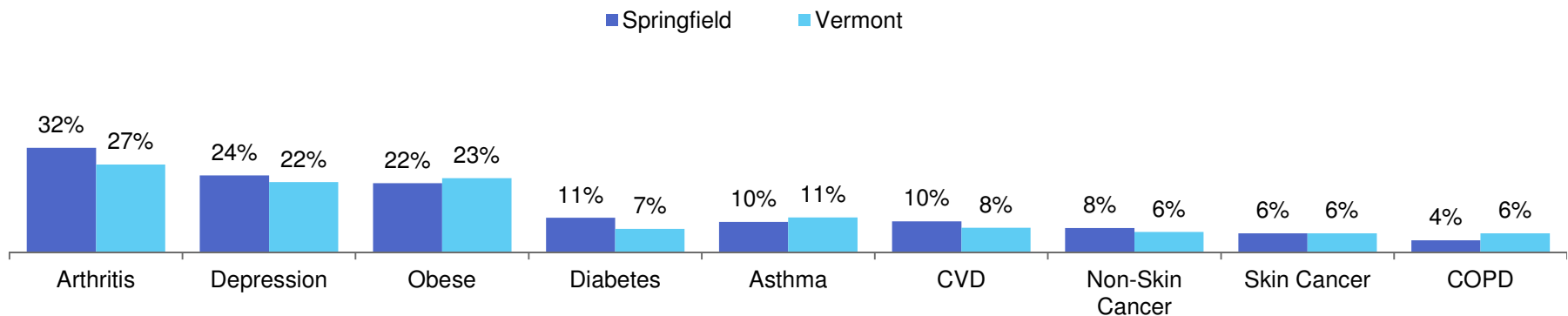
Chronic Conditions

Springfield area adults reported statistically higher rates of arthritis and diabetes when compared with Vermont adults.

- About a third of adults in the Springfield area reported having arthritis (32%); 27% of Vermont adults reported the same.
- Eleven percent of Springfield adults said they have diabetes, significantly higher than the seven percent among Vermont adults.

Springfield adults reported similar rates of the following chronic conditions as compared with Vermont adults overall: depressive disorders, obesity, asthma, cardiovascular disease (CVD), non-skin cancer, skin cancer and chronic obstructive pulmonary disease (COPD).

Prevalence of Selected Chronic Conditions



CVD = cardiovascular disease

Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

Chronic Conditions

The prevalence of arthritis, depressive disorders, obesity and asthma do not differ significantly by gender.

Arthritis prevalence among Springfield adults increases with increasing age.

- All differences by age are statistically significant.

The prevalence of depressive disorders and asthma both decrease with age.

- Adults 18-44 are significantly more likely than those 65 and older to report having a depressive disorder (34% vs. 15%) and asthma (16% vs. 5%).

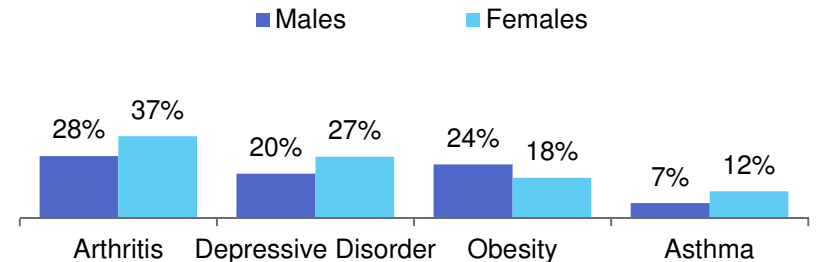
There are no statistical differences in the prevalence of obesity by age among Springfield area adults.

The prevalence of depressive disorders decreases as reported annual household income increases.

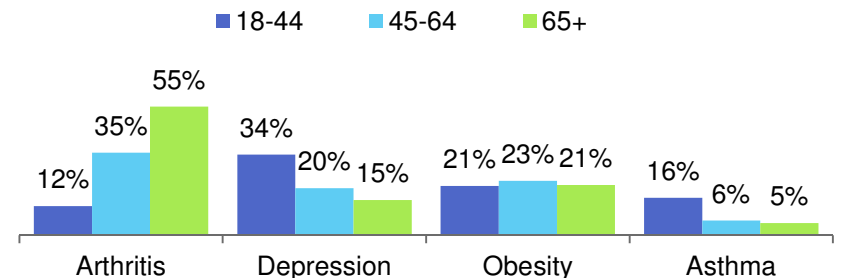
- Adults in homes making less than \$25,000 per year are significantly more likely to report a depressive disorder than those in homes making \$50,000 or more (37% vs. 14%).

There are no statistically significant differences in arthritis, asthma, and obesity prevalence by annual household income level.

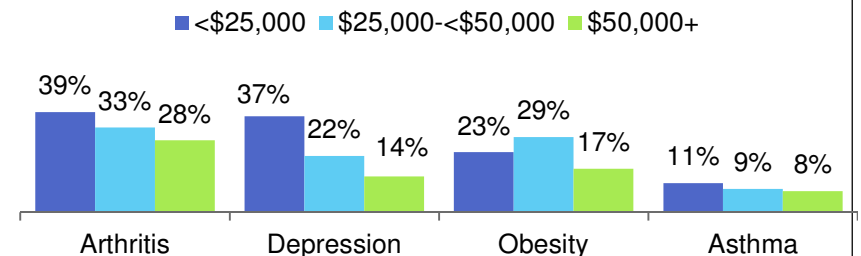
**Chronic Conditions by Gender
Springfield Adults**



Chronic Conditions by Age*



Chronic Conditions by Income Level



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

Chronic Conditions

There are no statistically significant differences by gender in the prevalence of cardiovascular disease, diabetes, and COPD.

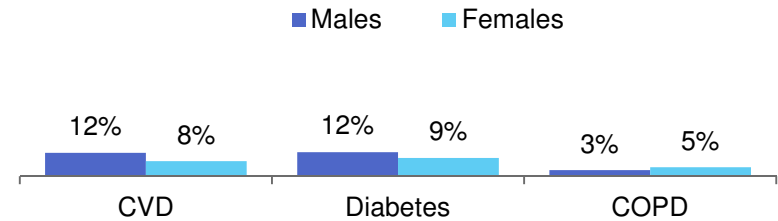
Reported cardiovascular disease, diabetes and COPD among Springfield area adults all increase with age.

- Adults 65 and older are significantly more likely than those 45-64 to have CVD (24% vs. 7%) and diabetes (20% vs. 6%).
- There are no statistically significant differences in the prevalence of COPD by age.

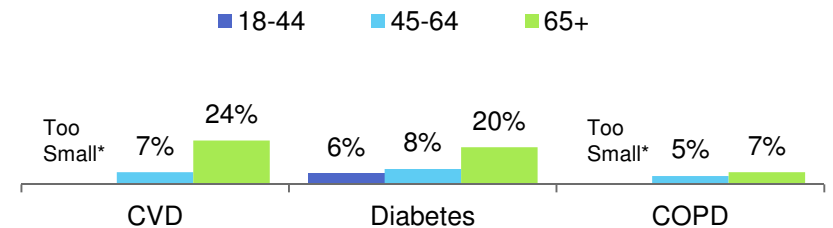
Springfield area adults living in homes with less income are more likely to say they have cardiovascular disease, diabetes, and COPD.

- Those in homes making less than \$50,000 per year are significantly more likely to report having cardiovascular disease (14% vs. 4%) than those in homes with more income.
- Adults in homes making less than \$25,000 per year, are significantly more likely to have diabetes (16% vs. 6%) than those in homes making at least \$50,000 per year.
- There are no statistically significant differences in the prevalence of COPD by annual household income.

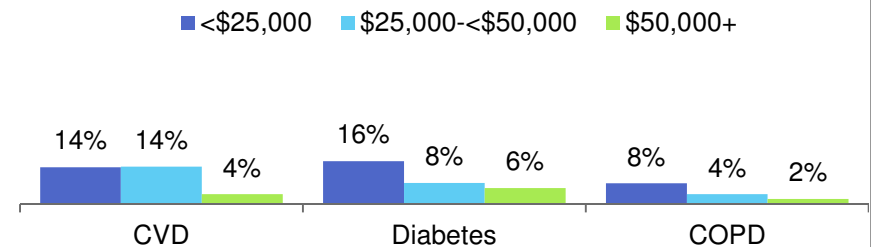
**Chronic Conditions by Gender
Springfield Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report

Chronic Conditions

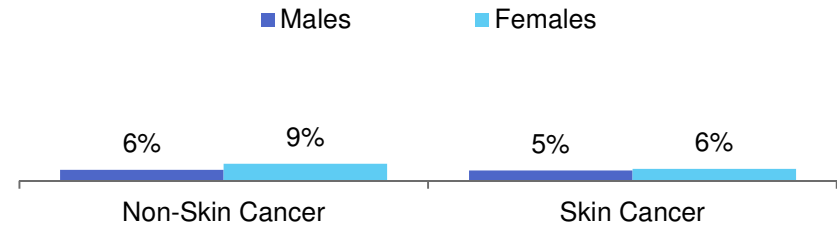
There are no statistical differences in the prevalence of non-skin cancer or skin cancer by gender, among Springfield adults.

The prevalence of both skin and non-skin cancers increase with increasing age among adults in the Springfield area.

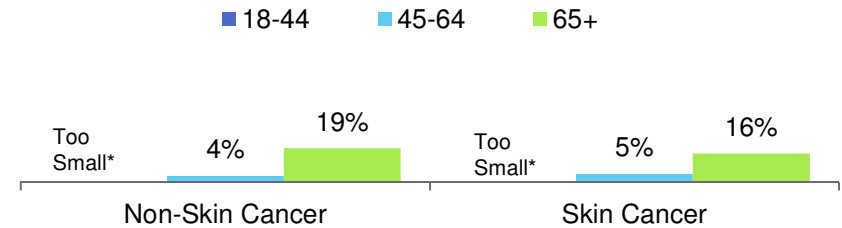
- Adults 65 and older are significantly more likely to report ever being diagnosed with a skin or other cancer, when compared with those 45-64.

There are no statistical differences in the prevalence of non-skin cancer or skin cancer by annual household income level.

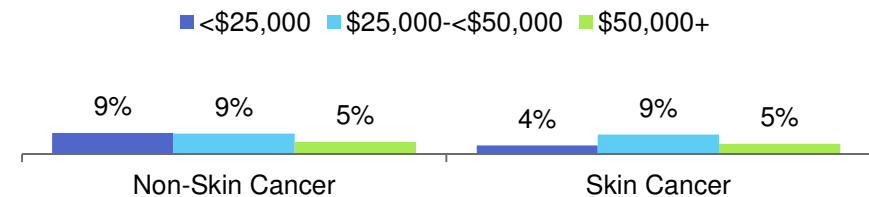
**Chronic Conditions by Gender
Springfield Adults**



Chronic Conditions by Age*



Chronic Conditions by Income Level



*Sample size is too small to report

Risk Behaviors

In 2011-2012, two in ten Springfield area adults said they currently smoke. Among smokers, 56% had tried to quit in the last year.

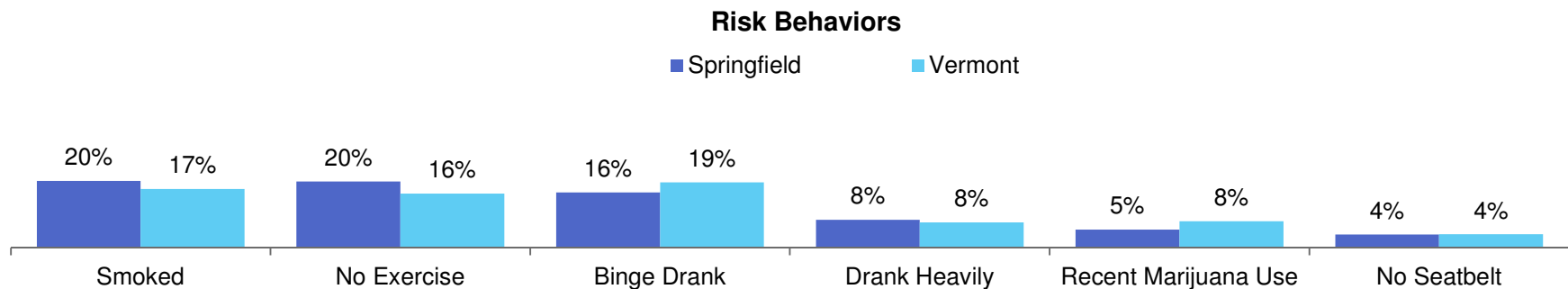
Twenty percent of Springfield adults also reported not participating in any leisure time physical activity during the last month.

One in six Springfield adults binge drank during the last month, while 8% reported heavy drinking.

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking was defined as more than two drinks per day for men and more than one for women.

One in twenty Springfield area adults recently used marijuana and four percent said they seldom or never wear a seat belt.

There are no statistical differences between Springfield area adults and Vermont adults for any risk behavior measures.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population

Risk Behaviors

There are no statistically significant differences in smoking and not participating in physical activity by gender, among Springfield area adults.

Among adults in the Springfield area, smoking rates decrease with increasing age.

- Adults 18-64 are significantly more likely to smoke than those 65 and older (21% vs. 5%).

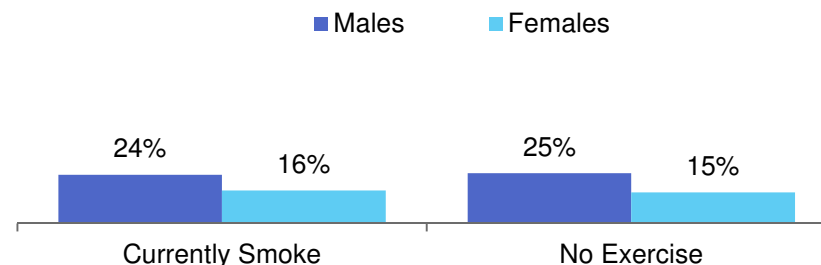
Conversely, not participating in physical activity increases with increasing age.

- Adults 65 and older are significantly more likely to not participate in leisure time physical activity than those 18-44 (29% vs. 15%).

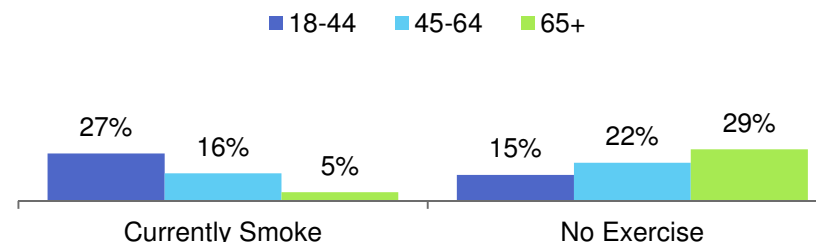
Springfield area adults in homes with more income are less likely to currently smoke and less likely to not participate in physical activity.

- Adults in homes making \$50,000 or more are significantly less likely to smoke than those in homes making less than \$25,000 per year (11% vs. 28%).
- Springfield adults in homes making \$25,000 or more are also significantly less likely to report not participating in any physical activity as compared with those in homes making less than \$25,000.

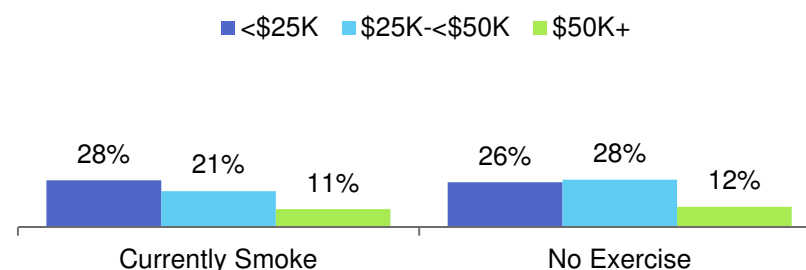
**Risk Behaviors by Gender
Springfield Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

Risk Behaviors

About a quarter of men in the Springfield area said they binge drank in the last month. This is significantly higher than the 9% reported among women.

There are no significant differences by gender in the prevalence of heavy drinking or recent marijuana use, among Springfield area adults.

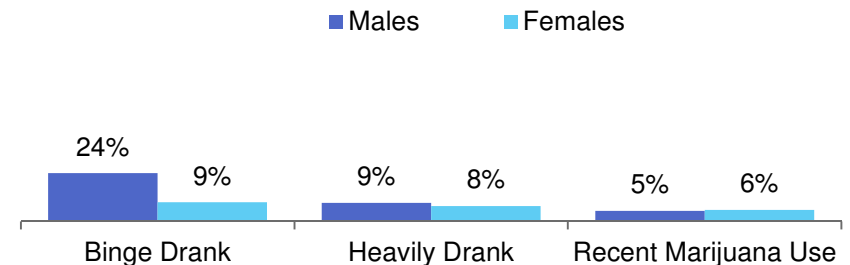
Binge drinking decreases with increasing age.

- Springfield adults 65 and older are significantly less likely to report binge drinking than those 18-44 (25%) and 45-64 (16%).

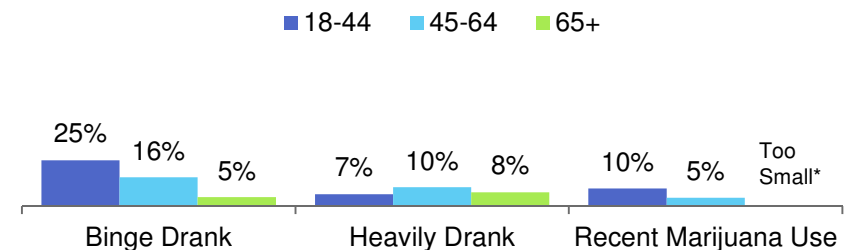
Heavy drinking and recent marijuana use rates do not differ significantly by age among Springfield area adults.

There are no statistically significant differences in binge or heavy drinking or recent marijuana use rates by annual household income level.

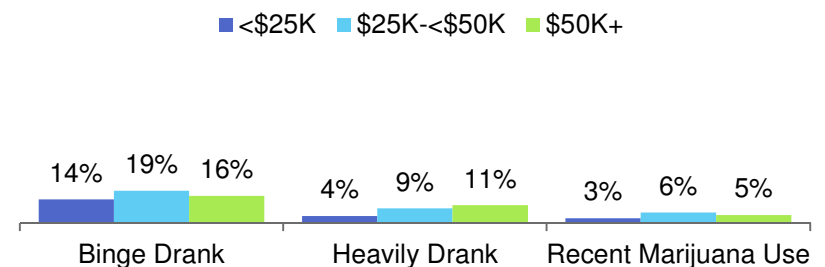
**Risk Behaviors by Gender
Springfield Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



*Sample size is too small to report

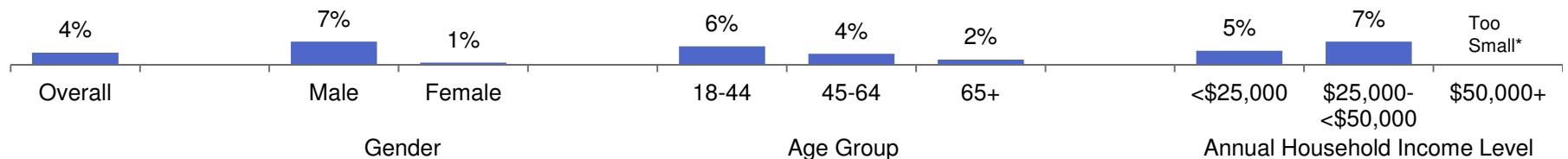
Risk Behaviors

Overall, less than one in twenty (4%) adults in the Springfield area said they seldom or never wear a seatbelt when riding or driving in a car. This is the same proportion as Vermont adults overall.

Springfield area men have a statistically higher rate of seldom or never wearing seatbelts compared to women (7% vs. 1%).

Adult non-use of seatbelts in the Springfield area does not differ by age or annual household income level.

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups
Springfield Adults**

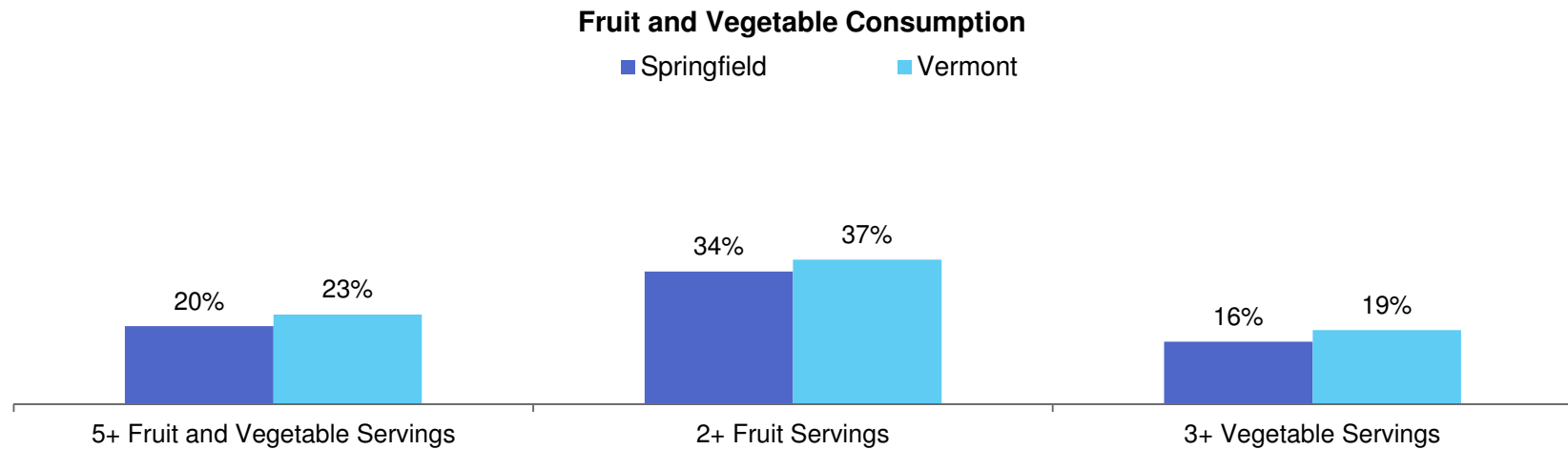


*Sample size is too small to report

Preventive Behaviors

In 2011, one in five Springfield area adults reported eating the recommended five or more fruit and vegetable servings per day. A third ate two or more fruits and 16% reported eating three or more vegetable servings.

Springfield area adult consumption of fruits and vegetables is statistically similar to that among Vermont adults.



Preventive Behaviors

Women in the Springfield area eat more fruits and vegetables than men.

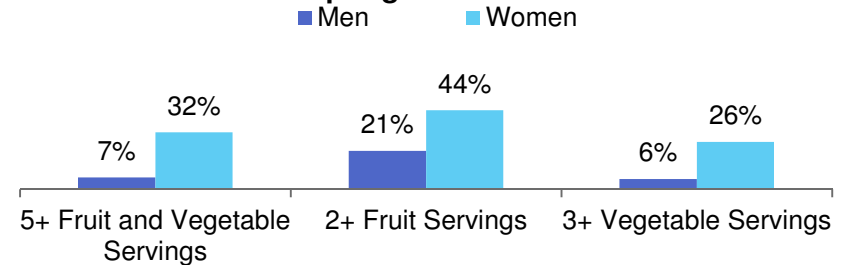
- All differences are statistically significant.

Among Springfield area adults, there are no differences in fruit and vegetable consumption by age.

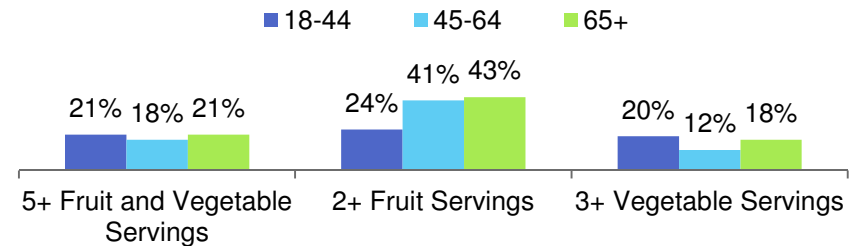
Fruit and vegetable consumption is highest in those homes with the highest annual household income.

- Adults in homes making \$50,000 or more per year are significantly more likely than those with an income of \$25,000-\$49,999 to report eating three or more vegetables per day.
- Fruit consumption does not vary statistically by income level. Nor does the proportion meeting combined fruit and vegetable consumption recommendations.

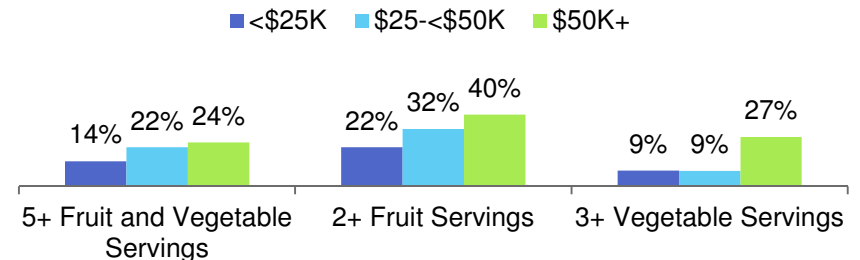
**Preventive Behaviors by Gender
Springfield Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



Note: Fruit and vegetable data, except that by age, are age adjusted to the U.S. 2000 standard population.

Preventive Behaviors

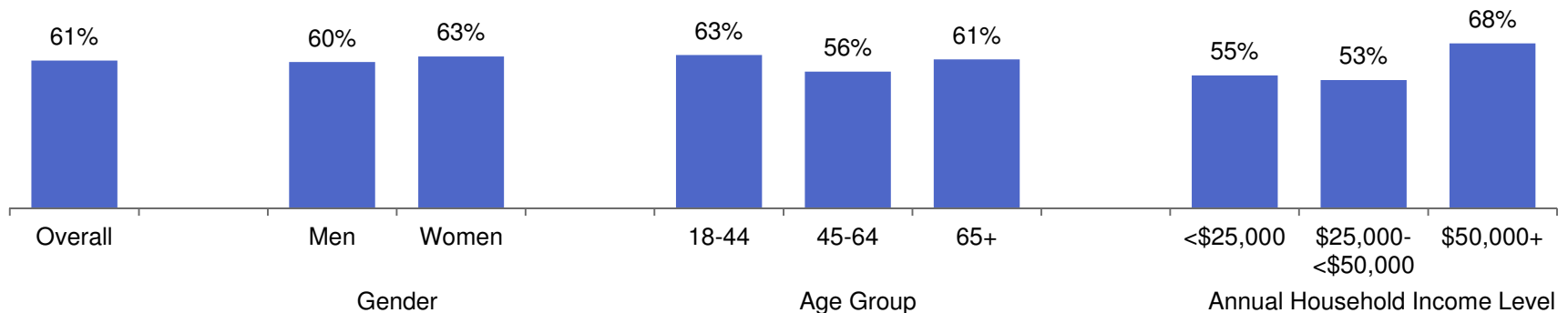
In 2011, about six in ten (59%) Vermont adults report meeting physical activity recommendations*. This is similar to the 61% reported among Springfield area adults.

Men and women in the Springfield area report meeting physical activity recommendations at statistically similar rates, 60% for men and 63% for women.

There are no differences in meeting physical activity recommendations by age, among Springfield adults.

Meeting physical activity recommendations is highest among those with the most income, however, there are no statistically significant differences.

**Met Physical Activity Recommendations, Overall and by Sub-groups
Springfield Adults**



*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

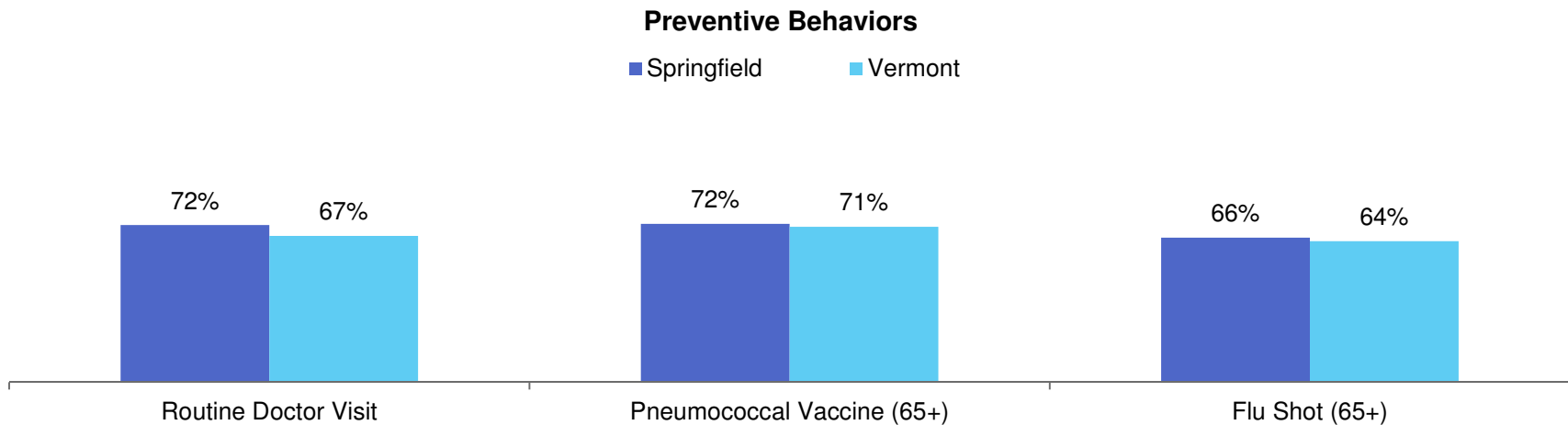
www.cdc.gov/physicalactivity/everyone/guidelines/index.html

Preventive Behaviors

Slightly fewer than three-quarters (72%) of adults in the Springfield area said they saw their doctor for a routine visit in the previous year. This is similar to the 67% reported among all Vermont adults.

Seventy-two percent of Springfield area adults ages 65 and older said they had ever gotten a pneumococcal vaccine. Two-thirds reported having a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to Springfield adults, 71% and 64%, respectively.



Preventive Behaviors

Among Springfield area adults, women are significantly more likely to have made a routine visit to their doctor in the last year, compared with men (81% vs. 61%).

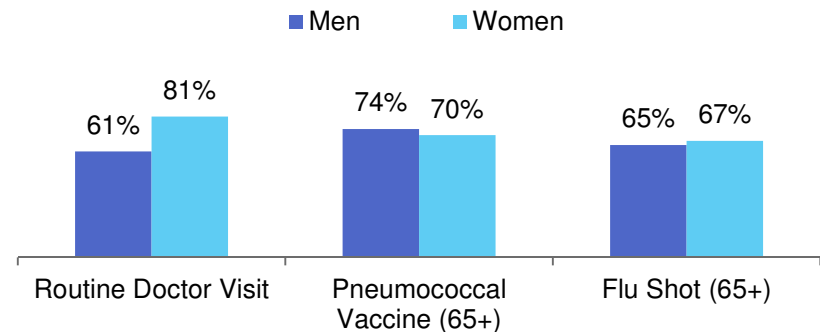
Among adults 65 and older who live in the Springfield area, there are no differences in pneumococcal or flu shot vaccination rates by gender.

Routine visits to the doctor in the last year increase with age.

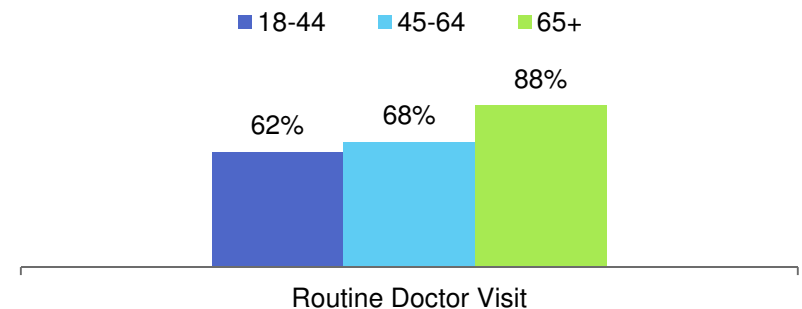
- Adults 65 and older are significantly more likely to have had a routine doctor visit than those in younger age groups.

There are no differences, among Springfield area adults, in the occurrence of routine doctor visits or vaccinations by annual household income level.

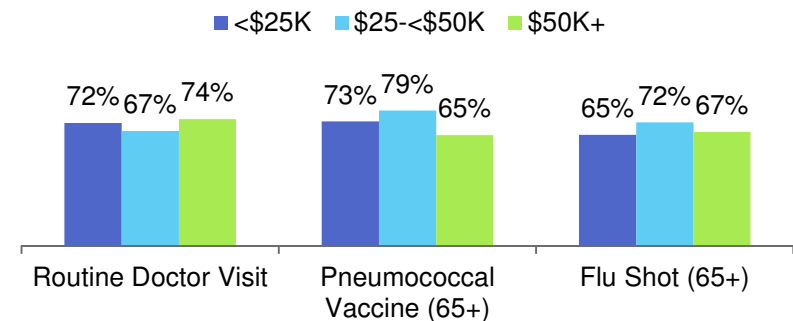
**Preventive Behaviors by Gender
Springfield Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



HIV Screening

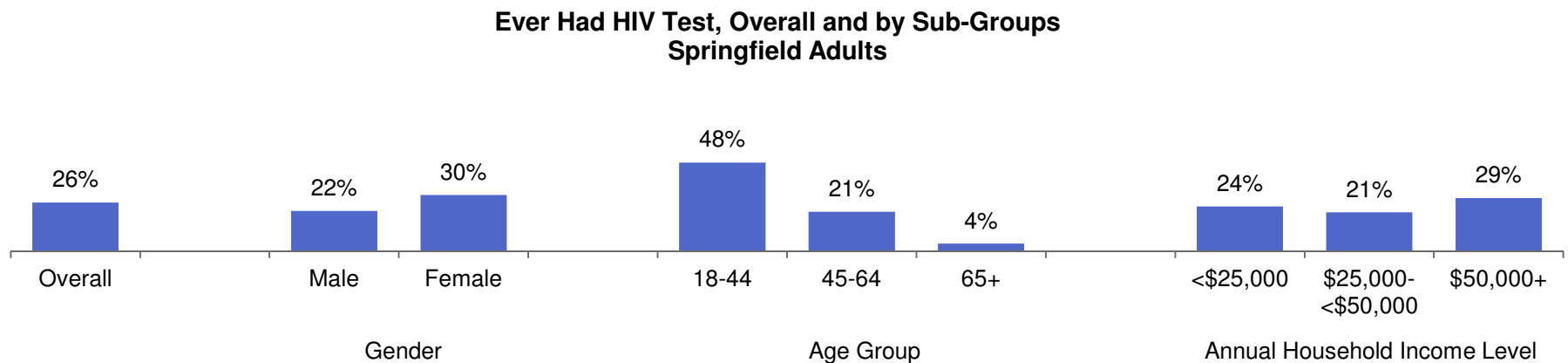
In 2011-2012, about a quarter of Springfield area adults had ever been tested for HIV. This is statistically similar to the 30% reported among Vermont adults overall.

Men and women in the Springfield area report HIV testing at similar rates.

Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- All differences by age are statistically significant.

There are no differences in HIV testing by annual household income level, among adults in the Springfield area.



Cancer Screening

In 2012, more than nine in ten (92%) women ages 50-74 in the Springfield area report meeting breast cancer screening recommendations. This is significantly higher than the 82% among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

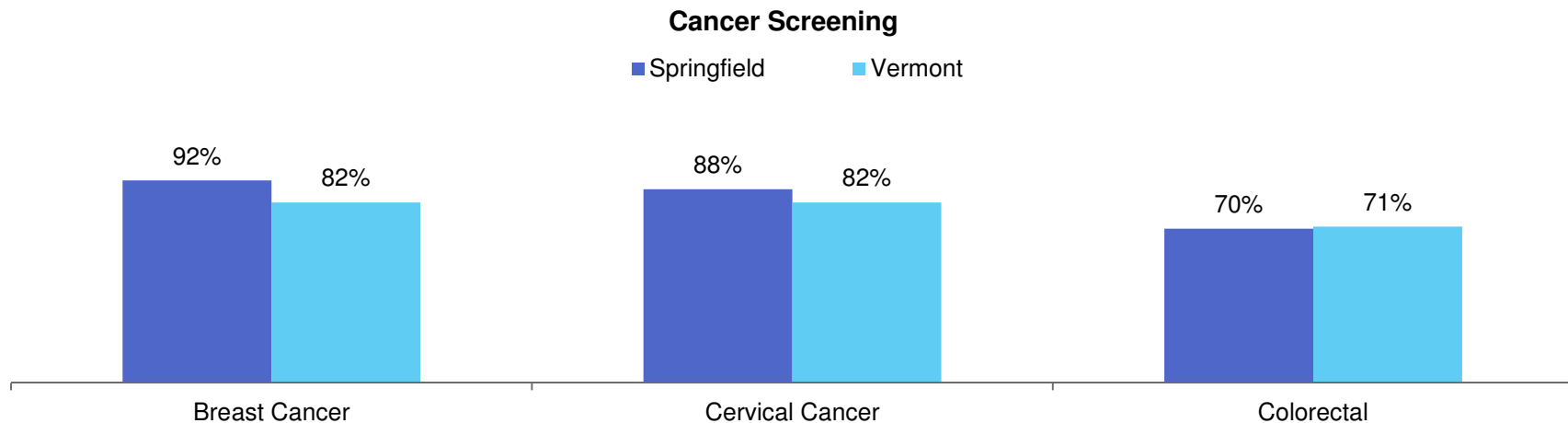
Eighty-eight percent of women 21 and older who live in the Springfield area met cervical cancer screening recommendations, statistically similar to the 82% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Springfield area, seven in ten (70%) met colorectal cancer screening recommendations. This also is similar to the rate reported by all Vermonters of the same age (71%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy ever five years and FOBT every three years OR colonoscopy ever ten years.

Data on cancer screenings are not broken out by subgroup as the screening recommendations are already limited by age and/or gender.



Community Safety and Resources

Slightly more than half of Springfield area adults said they use community resources for physical activity (e.g. parks, playgrounds and sports fields). This is statistically similar to the 58% reported among Vermont adults.

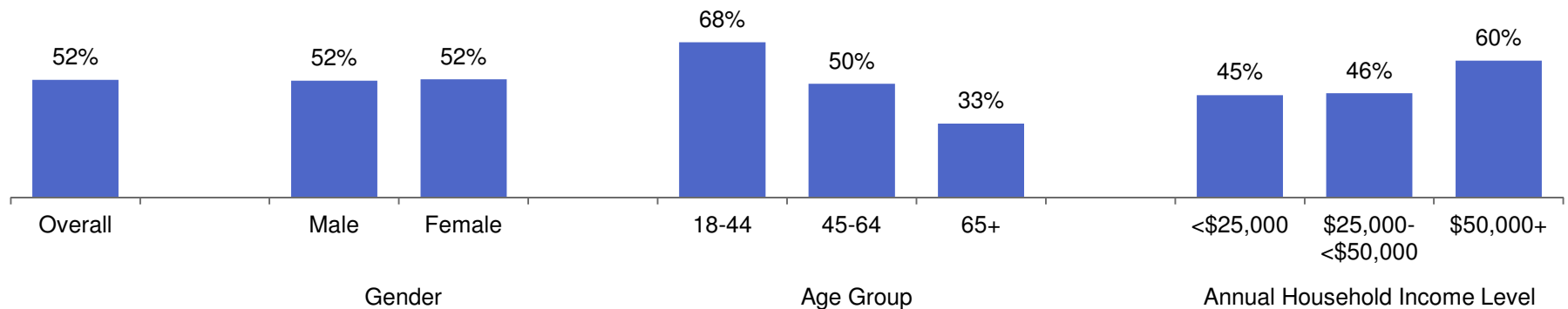
Men and women in the Springfield area use physical activity community resources at the same rate.

Use of community resources for physical activity decreases with increasing age.

- All differences, among Springfield adults, are significant by age.

Springfield area adults' use of community resources for physical activity is highest among those with the most household income, however none of the differences by income level are statistically significant.

**Use Community Resources for Physical Activity, Overall and by Sub-Groups
Springfield Adults**



Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

Jessie Hammond

Jessie.hammond@state.vt.us

802-863-7663

Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

Towns included in the Springfield Health District are: Grafton, Londonderry, Rockingham, Windham, Andover, Baltimore, Cavendish, Chester, Ludlow, Plymouth, Reading, Springfield, Weathersfield, West Windsor, Weston, and Windsor.